## L13000083902

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	· · · · · · · · · · · · · · · · · · ·
(Cit	y/State/Zip/Phone	<del>e</del> #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



300255302513

BAN 1 0 2014



ACCOUNT NO. : I2000000195

REFERENCE : 944979

979 \_ 70

7627410

AUTHORIZATION :

COST LIMIT : \$ 25.00

-----

ORDER DATE: December 30, 2013

ORDER TIME : 11:28 AM

ORDER NO. : 944979-030

CUSTOMER NO: 7627410

CHANGE OF AGENT

NAME: VOGEL BUILDING GROUP, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER:

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

ovin, in the Blace of a tornal.		
1. Name of the limited liability company: VOGEL BUIL	DING GROUP, LLC	
2. (a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	nny: 17034 MEDICI WAY MONTVERDE, FL 34756	
(Note: MOST BE STREET ADDRESS)		D.
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	17034 MEDICI WAY MONTVERDE, FL 34756	PART SE
6/11/2013	L13000083902	
3. Date of filing/registration in Florida	4. Document number	F. S.
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida D	
Registered Agent:	RICK I. SCHARICH	
Registered Office Address:	17034 MEDICI WAY MONTVERDE, FL 34756	
NEW Registered Agent:  NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Corporation Service Compa	
	Tallahassee	FL 32301
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	Florida street address of the ratical. Or, in the case of a Floor) (s) was/were authorized by an wise provided in the articles o	egistered office orida limited affirmative vote of
Nicholas J. LeFevre	- Contractor	
Printed or typed name of signee	_	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 605, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability compo	l agree to act in this capacity. proper and complete perform position as registered agent a merely reflect a change in the any has been notified in writin	I further agree to ance of my duties, s provided for in registered office ng of this change.
By: Signature of Registered Agent Corporation Service Company	Sue G. Knight	
Division of Corporations, P.O. Box		ent
FILING FEE:		7

INHS18 (12/13)